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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/502,453 – Conf. #3688
	Filing Date	January 12, 2005
	First Named Inventor	Kazuo KUMAGAI
	Art Unit	1625
	Examiner Name	R. Covington
Total Number of Pages in This Submission	Attorney Docket Number	31671-205693

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Request for Corrected Notice of Recordation of Assignment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Claim for Priority and Submission of Certified Copy of Priority Document <input type="checkbox"/> Drawings	<input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Supplemental Amendment <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Copy of Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover	<input type="text"/> Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	VENABLE LLP		
Signature			
Printed name	Ann S. Hobbs, Ph.D.		
Date	May 22, 2008	Reg. No.	36,830



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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2006		Application Number	10/502,453 – Conf. #3688
		Filing Date	January 12, 2005
		First Named Inventor	Kazuo KUMAGAI
		Examiner Name	R. Covington
		Art Unit	1625
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	31671-205693
TOTAL AMOUNT OF PAYMENT (\$)		- 0 -	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	250	600	300	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES							
						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						210	105
Multiple dependent claims						370	185
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- 20 =		x	=		Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 =		x	=				
HP = highest number of total claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/50	(round up to a whole number) x	=	0			
4. OTHER FEE(S)							
Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							

SUBMITTED BY			
Signature		Registration Nos. (Attorney/Agent)	36,830
Name (Print/Type)	Ann S. Hobbs, Ph.D.	Telephone	(202) 344-4000
		Date	May 22, 2008

#957834



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kazuo KUMAGAI et al.

Appln. No. 10/502,453

Filed: January 12, 2005

For: NOVEL COMPOUNDS AS
SEMAPHORIN INHIBITORS

Art Unit: 1625

Examiner: R. COVINGTON

Confirmation No.: 3688

Atty. Docket No. 31671-205693

Customer No.

26694

PATENT TRADEMARK OFFICE

SUPPLEMENTAL AMENDMENT

Mail Stop: Amendment

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

Sir:

Further to the Amendment filed April 30, 2008, please enter the following amendments and consider the following remarks.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 14 of this paper.

Please charge any fee that may be due, or credit any refund, to deposit account no. 22-0261.